

# UK DME Fax Order Form

## Wound Care

740 S Limestone, K126 Lexington, KY 40536

### PATIENT INFORMATION

Order Date: \_\_\_\_\_ MRN: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DME Wound Care Fax Order Form

Medicare has implemented the requirement for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item AND: 1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI 5) WOPD

### DURABLE MEDICAL EQUIPMENT

Diagnosis (Include Code) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Length of Need \_\_\_\_\_

**\*\*\*Please note this is not an exhaustive list; for additional items, please use the Other section below\*\*\***

#### Bandages and Dressings:

- ☐ 4X4 Gauze Sponges QTY: \_\_\_\_\_  
☐ ABD Pads QTY: \_\_\_\_\_  
☐ 4" Gauze rolls QTY: \_\_\_\_\_  
☐ 2" Stretch Gauze Bandage QTY: \_\_\_\_\_  
☐ 4" Stretch Gauze Bandage QTY: \_\_\_\_\_  
☐ 4" PolyMem QTY: \_\_\_\_\_  
☐ 6" Sof-Roll Padding QTY: \_\_\_\_\_  
☐ 4"Elastic Wraps QTY: \_\_\_\_\_  
☐ 6"Elastic Wraps QTY: \_\_\_\_\_

#### Adhesives and Tapes:

- ☐ 1" Transpore Tape QTY: \_\_\_\_\_  
☐ 1" Silicone Tape QTY: \_\_\_\_\_  
☐ 4"Self-Adherent Wrap QTY: \_\_\_\_\_

#### Saline and Cleansers:

*\*Please include the mL per supply change\**

- ☐ Saline Sticks QTY: \_\_\_\_\_

#### Additional Wound Care Items Not Listed:

- |                  |                  |
|------------------|------------------|
| _____ QTY: _____ | _____ QTY: _____ |
| _____ QTY: _____ | _____ QTY: _____ |
| _____ QTY: _____ | _____ QTY: _____ |
| _____ QTY: _____ | _____ QTY: _____ |
| _____ QTY: _____ | _____ QTY: _____ |

**Generic substitutions are allowed:** Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Patient is required to change their wound supplies \_\_\_\_\_ time(s) per \_\_\_\_\_. \*\***

### PRESCRIBING PROVIDER INFORMATION

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

#### STATEMENT OF CONFIDENTIALITY

The contents of this fax and any attachments are confidential and are intended solely for intended recipient(s). The information contained may also be legally privileged. It may also contain protected health information, patient safety work product, personally identifiable information, or personal information protected from disclosure under federal or state law. If you have received this email in error, any use, reproduction, or dissemination of this email is strictly prohibited. If you are not the intended recipient, please immediately notify the sender, contact the Chief Privacy Officer at (859) 323-1184 and delete this message and its attachments, if any. Receipt by anyone other than the intended recipient is not a waiver of any legal privilege or protection from disclosure.